Fiscal Impact of Including Public Providers in PCS Program

	<u>Item</u>	<u>Amount</u>
1.	Number of Facilities	79
2.	Number of Clients Per Facility	6
3.	Days in Year	365
4.	Basic PCS Rate	8.07
5.	Fiscal Impact of Basic PCS	
	(LN 1 x LN 2 x LN 3 x LN 4)	1,396,191
6.	% Clients Needing Ehanced PCS	20%
7.	Average Enhanced PCS Rate	
	(16.00 + 10.87 + 18.80) - 3	15.22
8.	Fiscal Impact of Enhanced PCS	
	(LN 1 x LN 2 x LN 3 x LN 6 x LN 7)	526,642
9.	Total Fiscal Impact	
	(LN 5 + LN 8)	\$1,922,833

Revision: HCFA-Region IV January 1989

ATTACHMENT 4.19-B Page 1 Section 24,

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

North Carolina STATE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

the following r	nethod	recipient co-pay	ment,	if applicable, the Medi	caid a	gency uses	
		Medicare-Medicaid Individual		Medicare-Medicaid/QMB Individual		Medicare-QMB Individual	
Part - Deductible	_X_	limited to State plan rates*	X	Himited to State plan rates*	<u>X</u>	limited to State plan rates*	
	<u></u>	full amount		full amount		full amount	
Part - Doinsurance	X_	limited to State plan rates←	<u>X</u>	limited to State plan rates* .	_X_	limited to State plan rates*	
		full amount		full amount		full amount	
ant 3 Peductible		limited to State plan rates*		limited to State plan Trates*		limited to State plan rates*	
	X	full amount	<u>X</u>	full amount	Х	full amount	
ant d oinsurance		limited to State plan rates*		limited to State plan rates*		limited to State plan rates*	
	X	full amount	X	full amount	Χ	full amount	

IN No. 91-33				
Supersedes	Approval Date	10-9-91	Effective Date	8/1/91
TN No. 89-03	Approva. Date			

^{*}For those title XVIII services not otherwise covered by the title XIX State plan, the Medicaic agency has established reimbursement methodologies that are described in Attachment 4.19-8, Item(s)

State Plan for Title XIX	Attachment 4.19 B		
	Section 25		
State: North Carolina	Page 1		

REIMBURSEMENT FOR INDIAN HEALTH SERVICE AND TRIBAL 638 HEALTH FACILITIES

Payment for services to Indian Health Service and Tribal 638 Health Facilities is based upon the amounts as determined and published in the Federal Register by the United States Government for these providers.

TN No. 2000-07

Approval Date MAY 8 1 2899 Effective Date 01-01-2000

Supersedes TN N/A